
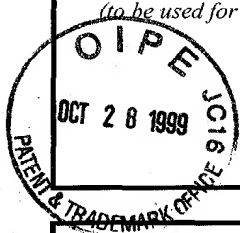


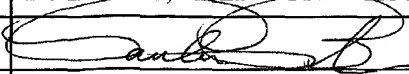
GAU 1634

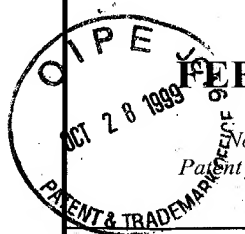
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>October 25, 1999</u>			
Typed or Printed Name	Mathew Otts		
Signature		Date	October 25, 1999

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	
Attorney Docket	6510-142CON
First Named Inventor	Freimer, et al.
Application Number	08/976,560
Filing Date	November 24, 1997
Title	Methods for Treating Bipolar Mood...
Group Art Unit	1634
Examiner Name	L. Arthur



ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an application)</i>	<input type="checkbox"/> Request for Refund
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip and Accompanying Petition	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)		_____
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		_____
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		_____

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Individual Name	Paula A. Borden	Registration No.	42,344
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP		
Signature	 RECEIVED		
Date	Oct. 25, 1999 NOV		



FEE TRANSMITTAL

Note: Effective October 1, 1998.
Patent fees are subject to annual revision.

Attorney Docket Number	0-142CON
First Named Inventor	Freimer, et al.
COMPLETE IF KNOWN	
Application Number	08/976,560
Filing Date	November 24, 1997
Group Art Unit	1634
Examiner Name	N/A

TOTAL AMOUNT OF PAYMENT \$54.00

METHOD OF PAYMENT (check one)

1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees and credit any overpayments to: Deposit Account No. 50-0815. Deposit Account Name: Bozicevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance	2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other
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FEE CALCULATION

1. FILING FEE	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Due
	101	760	201	380	Utility filing fee	\$
	102	310	206	155	Design filing fee	
	104	480	207	240	Plant filing fee	
	109	760	208	380	Reissue filing fee	
	110	150	214	75	Provisional filing fee	
					SUBTOTAL (1)	\$00.00

2. CLAIMS	No. of claims as filed or after amendment	Most claims previously paid	Extra claims	Fee from below	Fee Due
Total claims	23	20	03	18	\$54.00
Ind. claims	06	07	00		
Multiple Dependent claims					

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim
109	78	209	39	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of and over original patent

SUBTOTAL (2) \$54.00

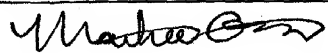
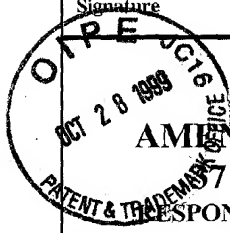
3. ADDITIONAL FEES	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Due
	105	130	205	65	Surcharge - late filing fee or oath	
	139	130	139	130	Non-English specification	
	115	110	215	55	Ext. for reply within first month	
	117	870	217	435	Ext. for reply within third month	
	128	1,850	228	925	Ext. for reply within fifth month	
	120	300	220	150	Filing brief in support of appeal	
	140	110	240	55	Petition to revive - unavoidable	
	142	1,210	242	605	Utility issue fee (or reissue)	
	123	50	123	50	Petitions related to prov. appl.	
	146	760	246	380	Filing submission after final rejection (37 CFR 1.129(a))	
	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
	143	430	243	215	Design issue fee	
	581	40	581	40	Recording patent assignment	
					Other fee (specify)	

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$00.00)

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name		Paula A. Borden, BOZICEVIC, FIELD & FRANCIS LLP		Reg. Number	42,344
Signature		Date		Deposit Account	50-0815

8/13
COP
11/3/99

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>October 25, 1999</u>			
Typed or Printed Name	Mathew Otts		
Signature		Date	October 25, 1999
 AMENDMENT UNDER 37 C.F.R. §1.111 RESPONSIVE TO PAPER NO. 7 Address to: Assistant Commissioner for Patents Washington, D.C. 20231		Attorney Docket	6510-142CON
		First Named Inventor	Freimer, et al.
		Application Number	08/976,560
		Filing Date	November 24, 1997
		Group Art Unit	1655
		Examiner Name	L. Arthur
		Title	<i>Methods for Treating Bipolar Mood Disorder Associated with Markers On Chromosome 18p</i>

Sir:

This amendment is responsive to the Office Action dated July 28, 1999, which set a three-month period for response, making this amendment due on or before October 28, 1999. Accordingly this response is timely filed.

In view of the remarks set forth below, reconsideration and allowance are respectfully requested.

I. AMENDMENTS

Please amend the application as follows:

In the claims

Please enter new claims 17-24. Please enter the amendments to claims 1-7, 9-11, 13, 15, and 16, as follows:

- Sub
D1
13
1. (Amended) A method of detecting the presence of a bipolar mood disorder susceptibility polymorphism [locus] in an individual comprising:
analyzing a sample of DNA from said individual for the presence of a DNA polymorphism on the short arm of chromosome 18 between SAVA5 and ga203 wherein said DNA polymorphism is associated with a form of bipolar mood disorder.

10/29/1999 SLUNG 0000021 08976560 54.00 OP
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